

MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of February 8, 2017

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

**PUBLIC HEALTH COUNCIL
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
Henry I. Bowditch Public Health Council Room, 2nd Floor
250 Washington Street, Boston MA**

Docket: Wednesday, February 8, 2017 - 9:00 AM

1. ROUTINE ITEMS

- a. Introductions
- b. Updates from Commissioner Monica Bharel, MD
- c. Record of the Public Health Council January 11, 2017 Meeting **(Vote)**

2. DETERMINATION OF NEED

- a. HealthAlliance Hospital, Inc. application for transfer of ownership of Clinton Hospital in order to establish the Hospital as a licensed campus of HealthAlliance Hospital. **(Vote)**
- b. HealthAlliance Hospital, Inc. application for substantial capital expenditure for new construction for emergency department expansion with a dedicated behavioral health space and cogeneration plant expansion. Additional renovations include central sterile processing relocation, occupational and employee health relocations, the creation of a dedicated outpatient diabetes clinic, and façade upgrades. **(Vote)**

3. FINAL REGULATIONS

- a. Request for final promulgation of proposed amendments to 105 CMR 125.000: *Licensing of Radiologic Technologists*. **(Vote)**

4. PROCEDURAL CLARIFICATION

- a. Clarification to the warning statement procedure found in 105 CMR 123.000: *Tanning Facilities*. **(Vote)**

5. PRESENTATIONS

- a. Informational briefing on Massachusetts healthcare personnel influenza vaccination for the 2015 to 2016 influenza season.

The Commissioner and the Public Health Council are defined by law as constituting the Department of Public Health. The Council has one regular meeting per month. These meetings are open to public attendance except when the Council meets in Executive Session. The Council's meetings are not hearings, nor do members of the public have a right to speak or address the Council. The docket will indicate whether or not floor discussions are anticipated. For purposes of fairness since the regular meeting is not a hearing and is not advertised as such, presentations from the floor may require delaying a decision until a subsequent meeting.

Public Health Council

Presented below is a summary of the meeting, including time-keeping, attendance and votes cast.

Date of Meeting: Wednesday, February 8, 2017

Beginning Time: 9:31AM **Ending Time:** 11:15AM

Attendance and Summary of Votes:

Board Member	Attended	Record of the Public Health Council January 11, 2017 Meeting (Vote)	Item 2a HealthAlliance Hospital, Inc. application for transfer of ownership of Clinton Hospital in order to establish the Hospital as a licensed campus of HealthAlliance Hospital. (Vote)	Item 2b.	Request for final promulgation of proposed amendments to 105 CMR 125.000: Licensing of Radiologic Technologists. (Vote)	Clarification to the warning statement procedure found in 105 CMR 123.000: Tanning Facilities. (Vote)
Monica Bharel	Yes	Yes	Yes	Yes	Yes	Yes
Edward Bernstein	Yes	Yes	Yes	Yes	Yes	Yes
Lisette Blondet	Yes	Yes	Yes	Yes	Yes	Yes
Derek Brindisi	Yes	Abstain	Yes	Yes	Yes	Yes
Harold Cox	Absent	Absent	Absent	Absent	Absent	Absent
John Cunningham	Yes	Yes	Yes	Yes	Yes	Yes
Michele David	Yes	Yes	Yes	Yes	Yes	Yes
Meg Doherty	Yes	Not present at time of vote	Not present at time of vote	Not present at time of vote	Not present at time of vote	Not present at time of vote
Michael Kneeland	Absent	Absent	Absent	Absent	Absent	Absent
Paul Lanzikos	Yes	Yes	Yes	Yes	Yes	Yes
Lucilia Prates-Ramos	Yes	Yes	Yes	Yes	Yes	Yes
Secretary Francisco Ureña	Yes	Yes	Yes	Yes	Yes	Yes
Alan Woodward	Yes	Yes	Yes	Yes	Yes	Yes
Summary	11 Members Present, 2 Members Absent	9 Members Approved, 2 members Absent, 1 abstain, 1 Not present at time of vote	10 Members Approved, 2 members Absent, 1 Not present at time of vote	10 Members Approved, 2 Members Absent, 1 member not present at time of vote	10 Members Approved, 2 Members Absent, 1 member not present at time of vote	10 Members Approved, 2 members absent, 1 member not present at time of vote

PROCEEDINGS

A regular meeting of the Massachusetts Department of Public Health's Public Health Council (M.G.L. c. 17, §§ 1, 3) was held on Wednesday, February 8, 2017 at the Massachusetts Department of Public Health, 250 Washington Street, Henry I. Bowditch Public Health Council Room, 2nd Floor, Boston, Massachusetts 02108.

Members present were: Monica Bharel, MD, MPH; Edward Bernstein, MD; Lissette Blondet; John Cunningham, PhD; Michele David, MD; Meg Doherty; Paul Lanzikos; Lucilia Prates-Ramos; Secretary Franciso Ureña; and Alan Woodward, MD.

Absent member(s) were: Harold Cox and Michael Kneeland, MD

Also in attendance was Margret Cooke, General Counsel at the Massachusetts Department of Public Health.

Commissioner Bharel called the meeting to order at 9:31 AM and made opening remarks before reviewing the agenda.

ROUTINE ITEMS

Updates from Commissioner Monica Bharel, M.D., MPH

Commissioner Bharel began by sharing an update on the Performance Management and Quality Improvement. She informed the Council that 42 staff members, representing each Bureau of the Department, recently completed a quality improvement certificate program, known as the Lean Six Sigma Green Belt Program. This quality improvement training series was a successful pilot and was made possible through collaboration with UMass Boston and the Greater Boston Manufacturing Partnership (GBMP). Participants selected an improvement effort which led to the formation of 11 project based teams. The projects range from streamlining patient admissions at our Public Health Hospitals to improving the licensure process and processing time for licensed health professionals. By all accounts bureau directors, supervisors, managers and participants found the training helpful and we plan to offer this training again, with improvements from participant's feedback, this fall.

The Commissioner then provided personnel updates, informing the Council that Dr. Michael Pentella has decided to end his time at the Department as the Director of the Massachusetts State Public Health Laboratory to return to Iowa and assume teaching responsibilities at the University of Iowa. Under Dr. Pentella's leadership, the Lab successfully faced the Ebola and Zika crises, added multiple new tests and testing platforms, evolved the Lab's operations and procedures, maintained and added to its accreditations and certifications, and continued to perform the wide range of biologic and chemical tests that are so critical to public health and public safety. Dr. Pentella's last day at DPH will be February 10, 2017. Commissioner Bharel concluded by thanking Dr. Pentella for his dedication over the years. She then announced that Dr. Sandra Smole has agreed to serve as the Acting Director of the Massachusetts State Public Health Laboratory, and comes to this role with much experience as well as a PhD in Microbiology and Immunology. Dr. Smole's strong academic background, laboratory experience (most

recently as Division Director for Molecular Diagnostics and Virology), managerial and communication skills, and familiarity with Lab operations have prepared her well to assume this critical role.

Mary Clark, who has served as Director of Office of Preparedness and Emergency Management (OPEM), is preparing to retire. After serving in a leadership role at the Department for over 9 years, effective February 19th, Ms. Clark will assume the role of Senior Advisor for Preparedness Projects and Policy. She will focused on supporting key initiatives within OPEM such as Crisis Standards of Care, patient tracking and family reunification following a mass casualty incident, and integration of Department-wide and bureau- specific response and continuity of operations plans and guidance. Commissioner Bharel noted that we are fortunate to have benefited from Ms. Clark's many years of service.

Commissioner Bharel then announced that Kerin Milesky, current Deputy Director of OPEM, has agreed to serve as the Acting Director of OPEM during this transition. Ms. Milesky began working at DPH as a senior planner in 2012 and was promoted to Deputy Director last year.

Donna Quinn, Manager of Public Health Preparedness and Response, has agreed to serve as Acting Deputy of OPEM. Ms. Quinn has been with the Department since the fall of 2014 and was promoted to her current role last year.

The Commissioner concluded by sharing with the Council information on the MMWR piece, *Cluster of an Unusual Amnestic Syndrome*, and the Department's role, specifically that of Dr. Al DeMaria.

Before proceeding, the Council was asked if they had any questions on the updates. Seeing none, she proceeded with the agenda.

1. ROUTINE ITEMS

c. Record of the Public Health Council January 11, 2017 Meeting (Vote)

Commissioner Bharel asked if any members had any changes to be included in the January 11, 2017 meeting minutes.

Dr. Woodward commented on the update section of the November 9th minutes and noted that it would helpful is Ron O'Connor and DPH would assist local boards of health with overseeing marijuana outlets in their community.

Seeing none, Commissioner asked for a motion to approve the minutes.

Dr. Bernstein made a motion to approve, and Ms. Blondet seconded the motion. All present members approved except Mr. Brindisi who abstained from the vote as he was not present at the January 11th meeting.

2. DETERMINATION OF NEED

a. HealthAlliance Hospital, Inc. application for transfer of ownership of Clinton Hospital in order to establish the Hospital as a licensed campus of HealthAlliance Hospital. (Vote)

Commissioner Bharel invited Nora Mann, Director of the Determination of Need Program, and Rebecca Rodman, Deputy General Counsel, to the table to present the staff recommendation for two determinations of need, the first of which is HealthAlliance Hospital, Inc.'s application for transfer of ownership of Clinton Hospital.

She noted that there is also a representative of the applicant present, who will be available to answer any questions.

Upon the conclusion of Ms. Mann's presentation, Commissioner Bharel asked if the Council had any questions or comments.

Seeing none, Commissioner Bharel asked if there is a motion to accept the staff recommendation for approval of the HealthAlliance Hospital, Inc. request for transfer of ownership of Clinton Hospital.

Dr. Cunningham made the motion, Dr. Woodward seconded it; all present members approved.

2. DETERMINATION OF NEED

b. HealthAlliance Hospital, Inc. application for substantial capital expenditure for new construction for emergency department expansion with a dedicated behavioral health space and cogeneration plant expansion. Additional renovations include central sterile processing relocation, occupational and employee health relocations, the creation of a dedicated outpatient diabetes clinic, and façade upgrades. (Vote)

Paul Lanzikos arrives at 9:51am

The Commissioner asked Nora Mann and Rebecca Rodman to remain at the table to present the staff recommendation for HealthAlliance Hospital, Inc.'s application for substantial capital expenditure for new construction and renovations.

Upon conclusion of the presentation, Council members were asked if they had any questions or comments.

Dr. Woodward inquired about capacity. He asked what the total number of treatment bays are for the ED excluding behavioral health.

Ms. Deborah Weymouth, President and CEO of HealthAlliance Hospital, Inc. and Bob Dullea, CIO and Corporate Vice President of Facilities and Support Services introduced themselves to the Council.

Mr. Dullea responded to Dr. Woodward's question, informing him that there are 26 treatment bays, 6 behavioral rooms, 2 triage rooms, and 5 observation beds.

Dr. Woodward replied that due to the population of the area the amount of bays does not give much flex in the coming years for possible increase in patients.

Ms. Weymouth informed the Council that she believes their affiliation with Clinton Hospital will help to offset some of the volume. Their emergency department is currently underutilized to date and has excess capacity and they will be able to use that existing facility in order to keep cost down and quality high.

Dr. Woodward stated that the building is 47 years old and asked how much of the building is being affected between the ED reconstruction and the rest of the renovations.

Mr. Dullea stated approximately 8-10% of the building.

Ms. Weymouth added that the building is on the side of a hill and are bit constrained in the process of complete overhaul expansion.

Dr. Bernstein then asked about the Community Health Assessment, asking the applicant to provide information on the addiction crisis in their area and how they implemented that in their plan.

Ms. Weymouth replied that they have currently addressed that need and it is an area of interest for them as organization. Most notably, they applied for a chart grant and have implemented a substantial program that complements their ED with partners made up of other community members who help them with supporting ED patients. They support them with a number of needs such as food stamp applications, finding housing, finding medical care and through that process they have been able to address many of the needs and reduce the number of recurring visits into the ED. Additionally, they do have strong partnerships within their organization that allows them, with Community Health Link, to continue to access other services for patients in the region. Another major finding in their Community Benefit Report, relates back to the diabetes service that was referenced in their application. Their rate of diabetes is substantially higher than other areas within the Commonwealth and that is why they are focused on building an outpatient area to support primary care physicians with the education needs and demands of new diabetics but also with the diabetics themselves as well as their families.

Mr. Brindisi stated that it seems like they have conducted a comprehensive Community Health Assessment referenced his understanding that the applicant was working with CHNA 9 and the Office of Community Health. He asked the applicant if they have been able to take the next step and work with those agencies in other communities in the development of Community Health Improvement plan.

Ms. Weymouth responded saying that they have come together with the entire group to perform the study. However, they are not at the point where they have actually implemented solutions with the entire group but they intend to. That is where the real benefits will be derived as they go forward.

Mr. Brindisi suggested that they consider the Montachusett Public Health Network.

Ms. Weymouth agreed and said that they are familiar with them.

Ms. Blondet commended the recommendations by the Office of Health Equity. She then asked if they've broken down the population who has diabetes by ethnicity, culture, or linguistics in order to better serve the population. Ms. Blondet then asked if they could receive a 3-month update on progress made towards these recommendations.

Ms. Rodman replied that they can ask for that and either staff can report or invite the applicant back. Ms. Rodman suggested that it might work best to provide the Council with report and if they have any further questions they can invite the Hospital back.

Ms. Mann reiterated that they can do that and clarified that they have no reason to believe that there has been any noncompliance with the recommendations.

Ms. Blondet clarified that she would like to know what progress has been made to the recommendations given.

Ms. Rodman asked the Ms. Blondet if 3 months was sufficient to receive the information she is requesting.

Ms. Blondet stated that they have a fairly ambitious plan and would like to receive 4, 3-month updates.

Ms. Mann replied that they could work with the applicant to provide that.

Dr. Bernstein while they don't have any regulatory responsibility to comply with this but with the sense of the new guidelines there is certainly a moral responsibility to hone in on what can be done in this overdose crisis. Some of the best recommendations for emergency departments have been patient education of overdose prevention, access to medication assisted treatments and treatments overall, and developing support services.

Ms. Weymouth agreed with Dr. Bernstein's statement.

With no further questions or comments from the Council, Commissioner Bharel asked if there is a motion to accept the staff recommendation for approval of the HealthAlliance Hospital, Inc. request for substantial capital expenditure for new construction and renovation, as described in the staff summary.

Ms. Prates Ramos made the motion and Dr. Bernstein seconded it; all present members approved.

3. FINAL REGULATION

a. Request for final promulgation of proposed amendments to 105 CMR 125.000: *Licensing of Radiologic Technologists*. (Vote)

The Commissioner then invited Jack Priest, Director of the Radiation Control Program within the Bureau of Environmental Health and Jim Ballin, Deputy General Counsel for the Department, to the table for the next two presentations. The first is a review of proposed amendments to 105 CMR 125.000: *Licensing of Radiologic Technologists* and request approval of these changes from the Council.

Upon the conclusion of their first presentation, the Council was asked if they had any questions or comments.

Dr. Cunningham asked a question regarding the use of language; he mentioned the use of the word requirement in lieu of the word permission in 06-C.

Mr. Priest stated that it is a step in the regulation emphasizing that an individual working towards improving their education works on their cognizant control.

Dr. Cunningham stated that although it is trivial its more a permission that was added rather than a requirement.

Mr. Priest confirmed that is true.

With no further questions, the Commissioner asked for a motion to accept the amendments to 105 CMR 125.000.

Ms. Blondet made the motion and Ms. Prates Ramos seconded it. All present members approve.

4. PROCEDURAL CLARIFICATION

a. Clarification to the warning statement procedure found in 105 CMR 123.000: *Tanning Facilities*. (Vote)

Commissioner Bharel then asked Mr. Priest and Mr. Ballin to provide members with an update on the Tanning Facility regulation reviewed at the December meeting.

Upon the conclusion of the update, Council members were asked if they had any questions or comments.

Mr. Brindisi asked if tanning customers would receive a copy of the warning after signature.

Mr. Priest responded that customers could receive a copy of the warning on request.

Dr. Cunningham asked if people would know what it means when it states, “ does not provide a protective substantial base”.

Mr. Priest responded that that is the statutory language and also the language that they have incorporated directly from the FDA.

Dr. Cunningham asked if could be changed to be more colloquial for people’s understanding.

Mr. Priest informed him that it is possible to provide additional information to assure the customer’s understanding.

Ms. Cooke informed Dr. Cunningham that that sentence couldn’t be changed, as it has to be taken directly from the statue but we can add other sections to the form to clarify or work with tanning operators.

Mr. Ballin confirmed that is true.

Dr. Woodward asked what happens when the FDA language is updated since this is statute.

Mr. Priest replied that they would amend the statue to have the language consistent.

Dr. Woodward then discussed the inconsistencies with the use of sunlamps vs. tanning devices.

Mr. Priest stated that they are restricted with the language however they can put out additional materials for clarification.

Mr. Priest also noted that there are definitions on sunlamps and device and facilities. They are addressed as different entities and there is a warning label on lamps that is different than the warning for facilities.

Dr. Woodward asked if the definition of tanning device includes sunlamps.

Mr. Ballin stated that is correct.

Dr. Woodward asked if they could add at the top or below that sunlamps are tanning devices.

Commissioner Bharel asked if Dr. Woodward was asking if the language in the guidance could be amended or the warning itself.

Dr. Woodward clarified that under the tanning customers he'd like to add a piece about what sunlamps are or repeat the definition of tanning device.

Ms. Blondet stated if they do make that change it should be reflected in the translations. She then asked whether translations vetted by the Office of Health Equity and who is authorized to translate.

Mr. Priest stated that they were working from within the department with list from the Office of Health Equity on the most common languages used in the state.

Ms. Cooke also stated that the Department does work with an outside vendor to assure the translations are accurate.

Ms. Blondet asked for clarification as to whether the translations have to come to from DPH.

That was confirmed to be correct.

Dr. Bernstein inquired about various reading levels and variations of wording between dialects, specifically mentioning Spanish.

Mr. Priest noted that that is a point of concern and they are working with the Office of Health Equity to assure they have the appropriate reading level, definitions, etc.

Secretary Urena commended the Spanish translation, noting that although possible confusing in English it translated clearly in Spanish.

With no further questions or comments, Commissioner Bharel asked if there is a motion to accept the further change to 105 CMR 123.000 overseeing *Tanning Facilities*.

Mr. Lanzikos made the motion and Dr. David seconded it. All present members approved.

5. PRESENTATIONS

a. Informational briefing on Massachusetts healthcare personnel influenza vaccination for the 2015 to 2016 influenza season.

Meg Doherty arrives at 10:44am.

The Commissioner invited Kate Fillo, Director of Clinical Quality Improvement for the Bureau of Health Care Safety and Quality, and Eileen McHale, Coordinator Healthcare Associated Infections for the Bureau of Health Care Safety and Quality to the table for an overview of flu vaccination among Massachusetts healthcare personnel during the 2015 to 2016 flu season.

Following their presentation, the Council was asked if they had any questions or comments.

Ms. Blondet inquired about those that decline vaccinations. She asked if there were any trends among them and if they were the same individuals declining each time.

Ms. Fillo replied that we are not able to identify the individuals who do not participate but we have anecdotal sharing from facilities. Hospitals have done many things to promote but it is dependent on different facilities as to why people decide to decline.

Commissioner Bharel noted that it isn't an individual level of tracking but rather at the aggregate level.

Dr. Woodward noted that we are making progress but it still worries him that there are still 35 acute care hospitals that are below 90% and in the past they've received a list of hospitals and their percentage of vaccination. He hopes that hospitals that didn't receive 90% vaccination receive notice. He also hopes that we can focus on ambulatory service centers and nursing homes as well. Dr. Woodward also noted that it might best to receive updates around May or June in order to adequately prepare for flu season.

Ms. Fillo thanked Dr. Woodward for his comments and informed the Council that they have shared all of this data online and with their stakeholders. The influenza data has been incorporated into the acute care hospital healthcare associated infection reports so each hospital received their data starting in June where they fell in comparison to the state median. A couple of the hospitals that were outliers were smaller hospitals where it was very person dependent in terms of having an influenza vaccine champion on site. She explained that they do continue to provide outreach to them. In particular, they have followed up with nursing homes to determine their vaccine coverage rates.

Dr. Woodward mentioned the importance of tracking some of the outliers to evaluate their performance and if they are making strides to increase their performance.

Ms. McHale stated that those who were outliers throughout the past few years had excellent performance in comparison to previous years. I.e. 2014 vs. 2015. She noted that that is due to hospitals receiving their data and summits, which have occurred thereafter, allowing them to put best practices into place. She explained that last year the lowest was 71% vaccinated and it was due to a system change in which the hospital had difficulty capturing independent practitioners.

Ms. Blondet leaves the room at 11:03am returns at 11:07am.

Mr. Lanzikos commended the efforts of the Department staff as well as the advocacy of the Council. Relative to all of the sectors, Mr. Lanzikos recommended engaging the various trade associations in a more meaningful way – more specifically, asking the associations to go on record establishing the 90% as the target. He also suggested bringing in providers who provide service to those in their own homes.

Dr. Bernstein suggested examining health care facilities within prisons. He also asked if we have sense of the total number vaccinated under these programs and suggested a histogram to show totals.

Dr. Cunningham asked if we do or should track how outliers comply with alternative practices associated with declining vaccinations.

Ms. Fillo stated that what we do gather is on a facility level and they mandate how to get fewer declinations.

Ms. Prates Ramos asked if there was a flu vaccine shortage this year.

Commissioner Bharel responded that from her knowledge, there is not.

With no further questions, Commissioner Bharel reminded the Council that the next meeting is March 8, 2017 and asked for a motion to adjourn.

Dr. David made the motion, Dr. Bernstein seconded it. All approved

The meeting adjourned at 11:15am.
